



**NORTH DAKOTA
DEPARTMENT OF HEALTH**
600 E. Boulevard Avenue
Bismarck, ND 58505-0200

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OFFICE OF
STATE HEALTH OFFICER
701-328-2372
FAX 701-328-4727

December 13, 1996

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Office of the Secretary
Federal Communications Commission
1919 M Street NW, Room 222
Washington, DC 20554

RE: Universal Service Provisions for Rural Health Care Providers
(CC Docket 96-45)

Gentlemen:

The North Dakota Department of Health is extremely concerned about the access of patients to care. The Department has expressed its concerns about cost, quality and access across the state. The access is not only financial but geographic as well. We are concerned about the access to primary care in our rural areas and especially to specialty care and consultation.

It is our view that the following services should be provided in the rural areas via telemedicine.

1. Consultation of health care providers. This can be on a provider to provider basis such as a nurse practitioner to specialist or a general/family practitioner to specialist or on a patient to specialist basis.
2. Continuing education for primary care physicians and providers in the rural areas is an extremely important contribution and ability of telemedicine symptoms.
3. Provision of information and interpretation in regard to laboratory or x-ray data already obtained is very useful such as teleradiology or telepathology assistance.

Because difficulties occur at all times of the day, it is important that these services be available on a 24-hour basis. It is difficult to imagine a worse situation than being seen in a remote emergency room at 1:00 a.m. and not being able to have the physician make an appropriate assessment or diagnosis of an x-ray finding, having to be transferred to an urban emergency room an hour or two away only to find out that the changes noted were insignificant and the consultation and travel were unwarranted.

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One would then have to return home after a 4- to 5-hour trip that was totally unnecessary if appropriate technology had been available. Currently in North Dakota a large majority of the population (approximately 96%) lives within 30 minutes of a primary care office. However, less than half of the population of the state lives within one hour of most specialty services in the state. It is important to provide these individuals prompt access to comprehensive services rather than having treatment delayed or complicated by miles and miles of travel.

It is our feeling that the need for medical services in the rural area should be interpreted on the broadest possible basis. The rural areas are becoming more and more rural. The travel distances become longer and longer and the provision of services in the local area to its residents becomes more difficult and more important simultaneously.

We appreciate the opportunity to comment. If we can provide any additional details, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon R. Rice", with a horizontal line drawn through it.

Jon R. Rice, M.D.
State Health Officer

JRR:lrr

Responses to the regulatory flexibility analysis:

**COMMENTS TO THE FCC
REGARDING
RECOMMENDED DECISION
BY THE
FEDERAL-STATE JOINT BOARD
ON
UNIVERSAL SERVICE
PROVISIONS FOR RURAL HEALTH CARE PROVIDERS**

United Health Services and the Grand Forks Clinic are health care providers which jointly serve a rural population of 235,000 primarily located in a 17-county area of northeastern North Dakota and northwestern Minnesota.

From the perspective of the rural health care provider, United Health Services and Grand Forks Clinic submits the following comments to the FCC on universal service recommended decision (CC Docket 96-45).

SCOPE OF SERVICES

Our position is congruent with that taken by The Advisory Committee on Telecommunications and Health Care (Advisory Committee)(2098) (which) argues that services necessary to support rural telemedicine efforts should include:

- Health care provider consultation
- Health care provider to patient consultation
- Continuing medical education programs for rural physicians and other health care providers
- Access to the most current medical information through the Internet for rural health care providers
- Round-the-clock support from physicians and specialists at urban centers, including emergency services
- Specialty services such as radiology, dermatology, selected cardiology, pathology, obstetrics (fetal monitoring), pediatric, and psychiatric services.

The Advisory Committee contends that these services should be supported by the capacity to transmit high speed data and high quality images to urban medical centers. The Advisory Committee recognized that the need for various applications would differ among eligible health care providers. They also noted that, because rural health care providers would be required to commit substantial resources to the acquisition and maintenance of these services, health care providers would have a powerful incentive to choose the most cost-effective telecommunications services that would meet their telemedicine needs.

MCI's comment that "adequate telecommunications services for these institutional users are likely to require greater bandwidth than that required by residential users" has merit; however, this would seem to ignore the possibility that some health care services will be provided in a

home setting, requiring increased bandwidth for health care services in residences as well. Nonetheless, MCI's point is well-taken that greater bandwidth will likely be a requirement for many of these services.

Some commenters have argued that the scope of services needs to be defined narrowly. The FCC received many comments which indicate that specific technical language be used to determine the scope of services. To restrict the scope of services to a particular bandwidth (e.g., 56 Kb, 1.544 Mb, etc.) is shortsighted. It has been clearly demonstrated that over the years the methods and technology used to provide a certain type of service can change dramatically. There is little doubt that new and different technologies will be deployed in the coming years to facilitate services in the most cost-effective fashion. For example, even though T-1 technology may be adequate for transmission of various types of information today, it has a finite life-cycle and will doubtless be replaced by another network technology in the future. This notion has been echoed in comments to the FCC by Citizens Utilities who would discourage attempts to "anticipate every type of service that every qualifying rural health care provider might conceivably require," because the list will invariably miss some needed services or "fail to anticipate services that are not yet deployed." Citizens Utilities suggests, instead, that parties be allowed to "negotiate technical arrangements."

To define the scope of services narrowly restricts and places unnecessary barriers to the utilization of technologies, which could be deployed to the benefit of the communities served. It also squelches the development of new and innovative technologies which could be of great service to rural (and urban) health care providers.

We agree with the comments made by AT&T that urge the Commission not to specify particular services in a way that might limit health care providers' technology choices now or in the future. "...the discount for qualified . . . health care providers should apply to telecommunications services of the qualified institution's choice." AT&T maintains that because marketplace forces, rather than the Commission, should determine the evolution of telecommunications services, non-profit health care providers should be able to select the services that meet their needs.

RECOMMENDATIONS REGARDING SCOPE OF SERVICES

We, therefore, recommend the FCC and state PSCs adopt language which defines the scope of services in terms of services provided rather than technical descriptions of network components. For example, "Health Care Services are those services which are used primarily to deliver various modes of medical support, assessment consultation and treatment through use of telecommunications technology." Using this broad definition, providers of these services are not restricted to specific technologies, which may be obsolete in the foreseeable future. Additionally, services thus defined would not need redefinition when advancements in technology occur, thereby allowing network carriers and providers to implement the appropriate technology without seeking FCC/PSC approval.